STATE OF NEVADA



Department of Conservation & Natural Resources

Brian Sandoval, Governor Bradley Crowell, Director Greg Lovato, Administrator

BUREAU OF SAFE DRINKING WATER PUBLIC WATER SYSTEM NAME / ADDRESS UPDATE FORM

PWS NAME: *	PWS ID: *
PHYSICAL ADDRESS: *	
MAILING ADDRESS: *	
CITY: * STATE:	ZIP: *
PWS NAME CHANGE TO:	
PRIMARY CONTACT (All correspondence will be directed to this individual):	
NAME:	TELEPHONE:
MAILING ADDRESS:	EMERGENCY PHONE:
CITY: STATE: ZIP:	CELL PHONE:
E-MAIL:	
OWNER CONTACT:	TELEPHONE:
MAILING ADDRESS:	EMERGENCY PHONE:
CITY: STATE: ZIP:	CELL PHONE:
E-MAIL:	
IF OWNER IS A COMPANY, REPRESENTATIVE MUST BE AN INDIVIDUAL	
OWNER REPRESENTATIVE:	TELEPHONE:
MAILING ADDRESS:	EMERGENCY PHONE:
CITY: STATE: ZIP:	CELL PHONE:
E-MAIL:	
OPERATOR IN RESPONSIBLE CHARGE (Monitoring and Violation info will also be	
NAME: OP ID #:	CERTIFICATION LEVEL:
NV CERTIFIED OPERATOR: ? YES NO NO	SAME AS PRIMARY CONTACT:
MAILING ADDRESS:	TELEPHONE:
CITY: STATE: ZIP:	EMERGENCY PHONE: E-
MAIL:	CELL PHONE:
SECONDARY – EMERGENCY CONTACT:	TELEPHONE:
MAILING ADDRESS:	EMERGENCY PHONE:
CITY: STATE: ZIP:	CELL PHONE:
E-MAIL: NOTE: FOR ADDIT	IONAL OPERATORS INCLUDE SEPARATE SHEET
PERMIT FEE CONTACT:	SAME AS PRIMARY CONTACT:
MAILING ADDRESS:	TELEPHONE:
CITY: \$TATE: ZIP:	EMERGENCY PHONE: E-
MAIL:	CELL PHONE:

Please return this form to: Nevada Division of Environmental Protection

Bureau of Safe Drinking Water

901 S Stewart Street, Suite 4001

*REQUIRED FIELD Carson City, NV 89701 Fax #: 775-687-5699

Email: E-Data_BSDW@ndep.nv.gov

Telephone: 775-687-9521